



**APPLICATION FOR  
SIGN PERMIT  
COVER SHEET**

**Project Address** \_\_\_\_\_

Note: This permit packet may be e-mailed in its entirety to [bldgpermits@kenosha.org](mailto:bldgpermits@kenosha.org)

The following items must be completed and submitted as a packet:

1. \_\_\_\_\_ Sign Permit application.
2. \_\_\_\_\_ One (1) drawing or photo (size 8 1/2" x 11" or 11" x 17") of proposed sign.
3. \_\_\_\_\_ One (1) drawing or photo (size 8 1/2" x 11" or 11" x 17") denoting location of proposed sign on building wall surface (for all wall signs). Include a scaled or dimensioned building elevation.
4. \_\_\_\_\_ One (1) site plan (size 8 1/2" x 11" or 11" x 17") denoting location of proposed sign and setbacks from property lines (for all ground signs). Also required for existing ground signs with face changes only.
5. \_\_\_\_\_ Prior to submitting this Sign Permit application packet, a Business Occupancy permit application must be submitted and approved (for all new businesses or businesses relocating to another location).

**Please Note:** The billing notices for the sign and the electrical permits will be sent to the sign contractor.

***If at any time during or after the approval process you determine that you will not proceed with this project, please contact our office at 262.653.4263 to avoid paying the entire cost of the permit. Administrative and/or plan review fees will be charged. Any/all unpaid permit fees, along with an additional \$100.00 Administrative Fee, will be processed as a special charge against the real estate upon which the service was performed.***



| FOR OFFICE USE ONLY |       |
|---------------------|-------|
| Date                | _____ |
| Permit #            | _____ |
| Needs Approval      | _____ |
| IP                  | _____ |
| Fee'd               | _____ |

**APPLICATION FOR SIGN PERMIT**  
**Form #DCI130 (rev. 01/20)**

You will be notified when your permit is ready; please do not submit payment with permit application.

|                                  |                                   |
|----------------------------------|-----------------------------------|
| Project Address _____            | Suite number _____                |
| Project Name _____               | Contractor _____                  |
| Mailing Address _____            | Mailing Address _____             |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____  |
| Phone (_____) _____              | Phone (_____) _____               |
| → <b>Estimated Cost</b> _____    | Contractor's e-mail address _____ |

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**Sign Type:** Wall \_\_\_\_\_ Pole/Ground Mounted \_\_\_\_\_ Monument \_\_\_\_\_ Projecting \_\_\_\_\_ Wall Banner \_\_\_\_\_  
 Unified Business Center Sign \_\_\_\_\_ Canopy/Awning \_\_\_\_\_ (If Canopy/Awning category is checked, a  
 Canopy/Awning Permit application is required with this Sign Application  
 -----

**Size\*:** \_\_\_\_\_ by \_\_\_\_\_ Sq. Ft. \_\_\_\_\_ Identical Sign Faces \_\_\_\_\_  
 \*calculate total **surface** area for monument signs, including base

**Setbacks** (required for new or existing ground signs): Front \_\_\_\_\_ Rear \_\_\_\_\_ Left \_\_\_\_\_ Right \_\_\_\_\_

**Sign Height** \_\_\_\_\_ Is this a Cabinet Lens/Face change only?: Yes \_\_\_\_\_ No \_\_\_\_\_

Is the proposed sign illuminated?: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, will new sign connections be installed?: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, attached page must be signed by a State of Wisconsin licensed electrician.

List all existing wall and/or freestanding signs on subject property: \_\_\_\_\_

**Licensing requirements for contractors:**

Per Section 15.08 (A) of the Code of General Ordinances, a license from the City Clerk shall be required for any person.....engaged in the erection, placement, replacement, movement, establishment, originally painting, construction, installation, conversion.....of any.....Sign, with the exception of nonelectrical Monument Signs, Wall Signs, and Exempt Signs

City of Kenosha Sign Erector's license number \_\_\_\_\_

*I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of the this permit; I understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.*

**Property Owner's Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**Licensee's Signature (required)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

| DESCRIPTION               | FEE                 | QUANTITY |
|---------------------------|---------------------|----------|
| PER SQ. FT. PER SIGN FACE | \$ 1.20 per sq. ft. | _____    |
| SIGN MINIMUM FEE          | \$ 90.00 Ea.        | _____    |

**If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances**



| FOR OFFICE USE ONLY |       |
|---------------------|-------|
| Date                | _____ |
| Permit #            | _____ |
| Needs Approval      | _____ |
| IP                  | _____ |
| Fee'd               | _____ |

**APPLICATION FOR SIGN CONNECTION PERMIT\***  
**Form #DCI145 (Rev. 01/20)**

**\*COMMERCIAL ELECTRIC**

**Note:** You will be notified when your permit is ready; please do not submit payment with permit application.

|                                  |                                  |
|----------------------------------|----------------------------------|
| Project Address _____            | Suite _____                      |
| Project Name _____               | Contractor _____                 |
| Mailing Address _____            | Mailing Address _____            |
| City _____ State _____ Zip _____ | City _____ State _____ Zip _____ |
| Phone (_____) _____              | Phone (_____) _____              |
|                                  | Contractor e-mail _____          |

➔ **Estimated Cost** \_\_\_\_\_

CHECK ONE: New Building\_\_\_\_ Existing\_\_\_\_ CHECK ONE: Commercial\_\_\_\_ Multi-family (3 or more units)\_\_\_\_

|                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>Any contractor that performs electrical work must possess the following two licenses:</b></p> <p>1) Wisconsin Master Electrician's License number _____</p> <p>2) Wisconsin Electrical Contractor's License number _____</p> <p><b>Licenses are available through the Department of Safety &amp; Professional Services (DSPS) at: <a href="http://dsps.wi.gov">dsps.wi.gov</a></b></p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

*I agree to comply with all applicable codes, statutes, and ordinances, and with the conditions of this permit; understand that the issuance of the permit creates no legal liability, express or implied, on the state or municipality; and, certify that all of the permit information herein is accurate. I expressly grant the building inspector, or the inspector's authorized agent, permission to enter the premises for which this permit is sought at all reasonable hours and for any proper purpose to inspect the work which is being done.*

**Master Electrician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please Print Name** \_\_\_\_\_

**IT IS THE ELECTRICAL CONTRACTOR'S RESPONSIBILITY TO CALL FOR INSPECTION OF THE SIGN CONNECTION.**

| DESCRIPTION         | FEE          | QUANTITY |
|---------------------|--------------|----------|
| SIGN CONNECTION FEE | \$ 90.00 Ea. | _____    |

**If work is started without first obtaining a permit, a penalty fee will be charged in accordance with Chapter 9.07C of the Code of General Ordinances**